

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011997

FILED
Mar 30, 2010
Secretary of State

Entity Name: HOMELESS VETERANS SERVICES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

320 HWY 27
SUITE #129
CLERMONT, FL 34741

New Principal Place of Business:

Current Mailing Address:

320 HWY 27
SUITE #129
CLERMONT, FL 34741

New Mailing Address:

FEI Number: 27-1478750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, BENJAMIN C
320 HWY 27
SUITE #129
CLERMONT, FL 34741 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: THOMAS, BENJAMIN C
Address: 320 HWY 27 #129
City-St-Zip: CLERMONT, FL 34741

Title: D
Name: THOMAS, DAWN M
Address: 320 HWY 27 #129
City-St-Zip: CLERMONT, FL 34741

Title: STD
Name: GAYE, JOHN
Address: 320 HWY 27 #129
City-St-Zip: CLERMONT, FL 34741

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAWN M THOMAS

D

03/30/2010

Electronic Signature of Signing Officer or Director

Date